

# STATE OF KANSAS

## ANIMAL HEALTH DEPARTMENT

708 SW Jackson Topeka, KS 66603  
Phone (785) 296-2326 FAX (785) 296-1765  
[www.kansas.gov/kaht](http://www.kansas.gov/kaht)

**CREDIT CARDS: DISCOVER**  
**FEES: See Licensing Information Sheet**  
**RENEWAL DUE BY: JUNE 30, 2006**

\_\_\_\_\_ **Renewal Application**

\_\_\_\_\_ **New Application**

### 2006-2007 Application for Kansas Animal Shelter or Pound License

**FEE MUST BE INCLUDED WITH APPLICATION** – There is a returned check fee of \$30.00 for checks which are dishonored and returned unpaid to the KAHD for any reason. All applications not postmarked by 8-15-06 will be assessed a \$70.00 late fee.

County: \_\_\_\_\_

Shelter/Pound Name: \_\_\_\_\_ Is this a Corp or LLC? Yes No

Owner/Operator Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City & Zip: \_\_\_\_\_

Premise Address (NO PO Box) \_\_\_\_\_ City & Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Usual hours at premise between 7:00am to 7:00pm Monday through Friday: \_\_\_\_\_

Phone where owner/operator may be contacted between 8 a.m. and 5 p.m. Monday - Friday: \_\_\_\_\_

Directions to premise: \_\_\_\_\_

Is the facility owned, operated or maintained by: (check one)

\_\_\_\_\_ incorporated humane society

\_\_\_\_\_ an individual owning, harboring, or maintaining 20 or more animals

\_\_\_\_\_ a city or county

\_\_\_\_\_ an individual under contract with a municipality to operate a animal shelter or pound

\_\_\_\_\_ Licensed Veterinarian

\_\_\_\_\_ Other: \_\_\_\_\_

\_\_\_\_\_ Non incorporated individual or organization devoted to the welfare, protection, and humane treatment of animals

If not operated by city or county, does this facility have a contract with a city or county to take in or harbor stray or seized animals? \_\_\_\_\_

Please list all cities or counties for which animals are held: \_\_\_\_\_

If this facility does not harbor strays or seized animals for the city or county, where are these animals held? \_\_\_\_\_

Do you accept stray animals from the general public? \_\_\_\_\_

Board Members and/or City Officers (if applicable): \_\_\_\_\_

Number of dogs/cats currently on premise: \_\_\_\_\_

Shelter capacity: \_\_\_\_\_ Dogs: \_\_\_\_\_ Cats: \_\_\_\_\_ Other Animals: \_\_\_\_\_

Has the facility operator, any employee, or anyone on the board of directors been convicted of any crime relating to theft or cruelty to animals? \_\_\_\_\_ If "yes", please attach an explanation.

Web-site address: \_\_\_\_\_

Email address: \_\_\_\_\_

I understand that Kansas law permits that an animal shelter or pound be inspected at least twice a year and upon complaint. I hereby consent to inspections by the Kansas Animal Health Department. I understand and agree that by signing this form I am required to provide to the animals in my custody adequate veterinary care as defined in K.S.A. 47-1701 (dd)(1). I understand and agree that in order to verify my compliance with this requirement, authorized representatives of the Kansas Animal Health Department may contact my veterinarian and request written verification, including medical records, reflecting adequate veterinary care treatment of the animals in my custody. I understand that a willful disregard of any provision of the Kansas Pet Animal Act or of any regulations adopted thereunder may subject the licensee to suspension or revocation of the license and/or fine of up to \$1000 per violation and/or criminal penalties. I understand that a material misstatement in this application form may be grounds for denial, suspension or revocation of this license. The information contained within this application is true and correct to the best of my knowledge.

Signature of Owner or Authorized Representative \_\_\_\_\_

\_\_\_\_\_ Date

Social Security # \_\_\_\_\_ Furnishing your social security number is voluntary. This request is pursuant to K.S.A. 74 -139. The information shall be used to provide your name, address and social security number to the director of taxation upon his request.

License year July 1, 2006 to June 30, 2007

License #: PS \_\_\_\_\_ Inspector \_\_\_\_\_ Date Entered: \_\_\_\_\_

Payment Type: DISCOVER CASH Check No: \_\_\_\_\_ Amount: \_\_\_\_\_